

## **Clavet Composite School**

Mr. Brian Matisz, Principal brian.matisz@spiritsd.ca
Mr. Craig Reinhardt, Vice Principal
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## APPLICATION FOR USE OF SCHOOL FACILITIES

Date:	Name of Organization:
Name of Adult Supervisor:	
Phone No	Email Address:
Type of Activity Planned: _	
Date(s)/ Time Required:	
Area(s) of School Required	l:
Equipment Required:	
Caretaking Services Requir	red:
the Policy, Guidelines, and	Fof the above-named organization, I have had the opportunity to read Procedures for use of facilities of the Prairie Spirit School Division, anditions stated in the Policy, Guidelines, and Procedures or attached se of School Facilities.
Signature	Date

**NOTE TO APPLICANTS:** If your group does not have its own liability insurance, you are advised that school and/or Board of Education liability insurance does not cover someone not involved in normal school activities.